Listing of the Claims

1. (Original) A method of performing surgery on a leg of a patient, comprising:

making an incision in a knee portion of the leg;

displacing a patella in the knee portion of the leg from a normal position to an offset position with an inner side of the patella facing inward; and

positioning a cutting tool proximal to at least one of an upper or a lower portion of the leg.

2. (Original) The method of claim 1, further comprising expanding the incision by applying a force against opposite edge portions of the incision, wherein the displacement of the patella from the normal position to the offset position is performed contemporaneously with the expanding of the incision.

3. (Original) The method of claim 2, further comprising:

applying a first force against a first edge portion of the incision with a first retractor; and

applying a second force against a second edge portion of the incision with a second retractor, wherein the patella is moved into the offset position under the influence of the second force transmitted from the second retractor to the patella.

4. (Original) The method of claim 1, further comprising cutting an end surface of at least one of the upper or lower portions of the leg.

5. (Original) The method of claim 4, further comprising:

moving at least one implant through the incision while the patella is offset from the normal position with the inner side of the patella facing inward; and

connecting the at least one implant with the cut end portion of at least one of the upper or lower portions of the leg.

6. (Original) The method of claim 1, further comprising connecting a guide member to at least one of the upper or lower portions of the leg.

7. (Original) The method of claim 6, wherein the guide member is connected to the upper portion of the leg, the upper portion being a femur, the guide member including a first end portion in engagement with a lateral condyle of the femur, the first end portion offset medially from a lateral edge portion of the lateral condyle, and a second end portion in engagement with a medial condyle of the femur, the second end portion offset laterally from a medial edge portion of the medial condyle.

8. (Original) The method of claim 7, further comprising cutting the lateral and medial condyle of the femur.

9. (Original) The method of claim 8, further comprising:

moving at least one femoral implant through the incision while the patella is offset from the normal position with inner side of the patella facing inward; and

connecting the at least one femoral implant with the cut lateral and medial condyle of the femur.

10. (Original) The method of claim 6, wherein the guide member is connected to the lower portion of the leg, the lower portion being a tibia.

11. (Original) The method of claim 10, further comprising cutting an end surface of the tibia.

12. (Original) The method of claim 11, further comprising:

moving at least one tibial implant through the incision while the patella is offset from the normal position with the inner side of the patella facing inward; and connecting the at least one tibial implant with the cut end portion of the tibia.

13. (Original) The method of claim 1, further comprising:

moving a guide member into the incision, the guide member including opposite ends spaced apart by a distance which is less than a distance between a lateral epicondyle and a medial epicondyle on a femur;

positioning the guide member on the femur in the leg of the patient with the opposite ends of the guide member aligned with an axis through the lateral and medial epicondyles;

positioning the cutting tool on the guide member; and

moving the cutting tool along a guide surface on the guide member to cut the lateral and medial epicondyles on the femur.

14. (Original) The method of claim 13, further comprising:

moving at least one femoral implant through the incision while the patella is offset from the normal position with the inner side of the patella facing inward; and

connecting the at least one femoral implant with the cut lateral and medial epicondyles of the femur.

15. (Original) The method of claim 1, further comprising cutting the inner side of the patella in the knee portion of the leg, wherein the inner side of the patella faces towards a posterior portion of the knee portion of the leg and includes removing at least a portion of the inner side of the patella.

16. (Currently amended) The method of [[clam]] claim 15, further comprising positioning a guide assembly proximally to the patella, the guide assembly including a pair of substantially parallel arms and a slot having a guide surface configured for receiving a patella cutting tool.

17. (Original) The method of claim 16, wherein positioning the guide assembly comprises

extending a first parallel arm under a superior aspect of the patella and a second parallel arm under an inferior aspect of the patella, such that the guide surface is aligned with the patella.

18. (Original) The method of claim 15, further comprising:

moving at least one patella implant through the incision; and

connecting the at least one patella implant to the cut inner side of the patella.

19. (Original) The method of claim 15, wherein the inner side of the patella is cut prior to displacing the patella from the normal position to the offset position.

20. (Original) The method of claim 19, further comprising:

moving at least one patella implant through the incision prior to displacing the patella from the normal position to the offset position; and

connecting the at least one patella implant to the cut inner side of the patella prior to displacing the patella from the normal position to the offset position.

21. (Original) The method of claim 1, further comprising supporting the patient with the lower portion of the leg suspended from the upper portion of the leg, wherein the lower portion remains suspended from the upper portion while the incision is made in the knee portion of the leg and the patella is moved to the offset position with the inner side of the patella facing inward.

22. (Original) The method of claim 1, further comprising;

moving a leading end of an endoscope through the incision to a posterior portion of the knee portion of the leg of the patient; and

inspecting the posterior portion of the knee portion of the leg, including viewing the posterior portion of the knee portion through the endoscope.

23. (Original) The method of claim 22, further comprising moving the leg of the patient

between a flexed condition and an extended condition, wherein the posterior portion of the leg is viewed, at least partially, during movement of the leg of the patient between the flexed and extended conditions.

24. (Original) The method of claim 1, further comprising:

initiating a cut with the cutting tool along an end portion of at least one of the upper or lower portions of the leg to defining a cutting surface; and

completing the cut while guiding the cutting tool along the cutting surface formed during making of the initial cut in an end portion of at least one of the upper or lower portions of the leg.

25. (Original) The method of claim 1, further comprising:

exposing a first portion of the upper portion of the leg through the incision;

effecting relative movement between the upper and lower portions of the leg; and

exposing a second portion of the upper portion of the leg through the incision.

26. (Original) The method of claim 1, further comprising providing an output signal which is a function of tension in a ligament extending between bones in the leg of the patient.

27. (Original) A method as set forth in claim 26, wherein providing the output signal comprises:

positioning a transducer between the ligament and a bone in the knee portion of the leg; and

providing an output signal which varies as a function of variations in force applied against the transducer during relative movement between the upper and lower portions of the leg.

28. (Original) The method of claim 1, wherein making the incision in the knee portion of the leg comprises making the incision adjacent to a medial edge portion of the patella.

29. (Original) The method of claim 1, wherein making the incision in the knee portion of the leg comprises making an incision having a length between about seven and thirteen centimeters.

30. (Original) The method of claim 1, wherein displacing the patella from the normal position to the offset position comprises moving the patella laterally relative to the knee portion of the leg.

31. (Original) A method of performing a knee arthroplasty surgery on a leg of a patient, comprising:

making an incision in a knee portion of the leg of the patient;

cutting an inner side portion of a patella in the knee portion of the leg, the patella being disposed in a normal position relative to the knee portion of the leg; and

displacing the patella from the normal position to an offset position with an inner side of the patella facing inward.

32. (Original) The method of claim 31, further comprising:

moving at least one patella implant through the incision; and

connecting the at least one patella implant to the cut inner side of the patella.

33. (Original) The method of claim 32, wherein the at least one patella implant is connected to the patella prior to displacing the patella from the normal position to the offset position.

34. (Original) The method of claim 31, further comprising positioning a cutting tool proximal to at least one of the upper and lower portions of the leg.

35. (Original) The method of claim 34, further comprising cutting an end surface of at least one of an upper and lower portions of the leg.

36. (Original) The method of claim 35, further comprising:

moving at least one implant through the incision while the patella is offset from the normal position with the inner side of the patella facing inward; and

connecting the at least one implant with the cut end portion of at least one of the upper and lower portions of the knee portion of the leg.

37. (Original) The method of claim 35, wherein the upper portion of the leg is a femur and lateral and medial condyles of the femur are cut.

38. (Original) The method of claim 37, further comprising:

moving at least one femoral implant through the incision while the patella is offset from the normal position with the inner side of the patella facing inward; and

connecting the at least one femoral implant with the cut lateral and medial condyles of the femur.

39. (Original) The method of claim 35, wherein the lower portion of the leg is a tibia and an end portion of the tibia is cut.

40. (Original) The method of claim 39, further comprising:

moving at least one tibial implant through the incision while the patella is offset from the normal position with the inner side of the patella facing inward; and

connecting the at least one tibial implant with the cut end portion of the tibia.

41. (Original) The method of claim 31, wherein the inner side of the patella is cut prior to displacing the patella from the normal position to the offset position.

42. (Original) The method of claim 31, wherein displacing the patella from the normal position to the offset position comprises moving the patella laterally relative to the knee portion

of the leg.

43. (Original) A method of performing a knee arthroplasty surgery on a leg of a patient, comprising the steps of:

making an incision in a knee portion of the leg;

cutting an inner side portion of a patella in the knee portion of the leg, the patella remaining in a normal position relative to the knee portion;

moving a patella implant through the incision;

connecting the patella implant to the cut inner side portion of the patella;

displacing the patella from the normal position to an offset position with the cut inner side portion of the patella facing inward;

cutting an end portion of at least one of an upper or a lower portion of the leg;

moving at least one implant through the incision while the patella is offset from the normal position with the cut inner side portion of the patella facing inward; and

connecting the at least one implant with the cut end portion of at least one of the upper or lower portions of the leg.

44. (Original) The method of claim 43, further comprising moving the patella into the normal position, wherein the inner side portion of the patella facing towards a posterior portion of the knee portion;

45. (Original) The method of claim 44, wherein the patella implant is connected to the cut inner side portion of the patella after moving the patella into the normal position from the offset position.

46. (Original) The method of claim 43, wherein the patella implant is connected to the cut inner side portion of the patella prior to displacing the patella from the normal position to the offset position.

47. (Original) A surgical device for cutting an inner side of a patella comprising:

a guide assembly including a slotted portion defining a guide surface;

a first arm extending from the guide assembly, the first arm positionable under a superior aspect of the patella; and

a second arm extending from the guide assembly, the second arm positionable under an inferior aspect of the patella.

48. (Original) The surgical device of claim 47, further comprising a cutting tool positionable through the slot, wherein the cutting tool is slidable along the guide surface.

49. (Original) The surgical device of claim 47, wherein the guide surface is aligned with the patella.

50. (Original) The surgical device of claim 47, wherein the first and the second arms are substantially parallel.